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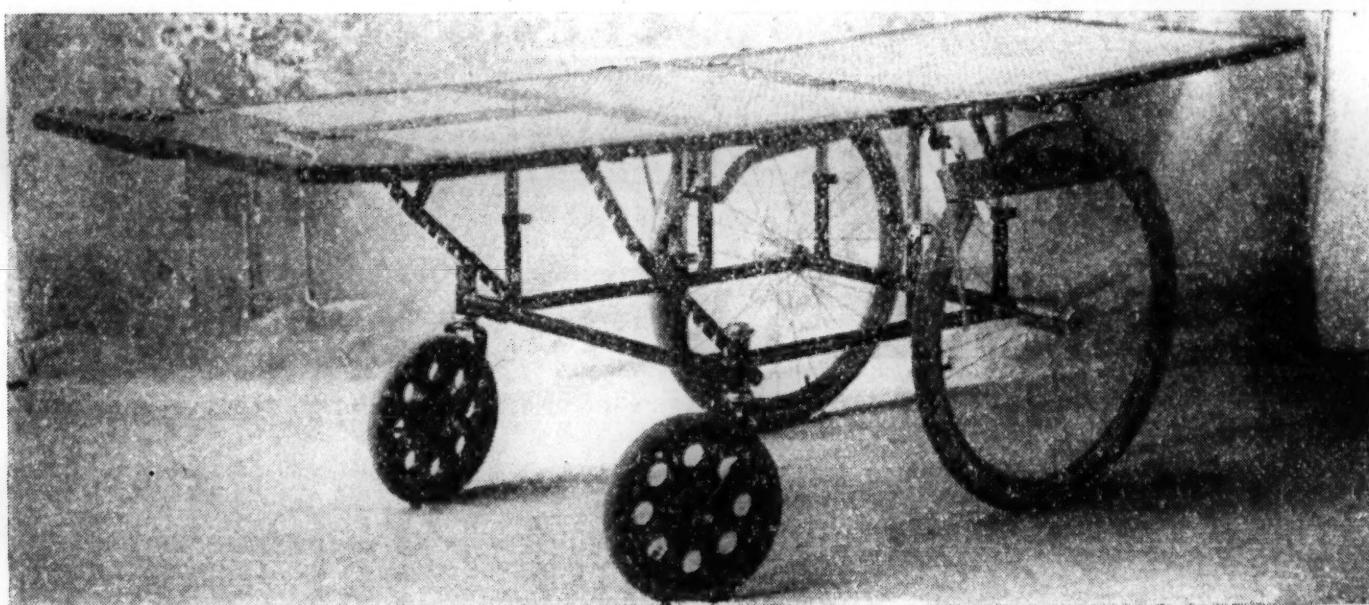
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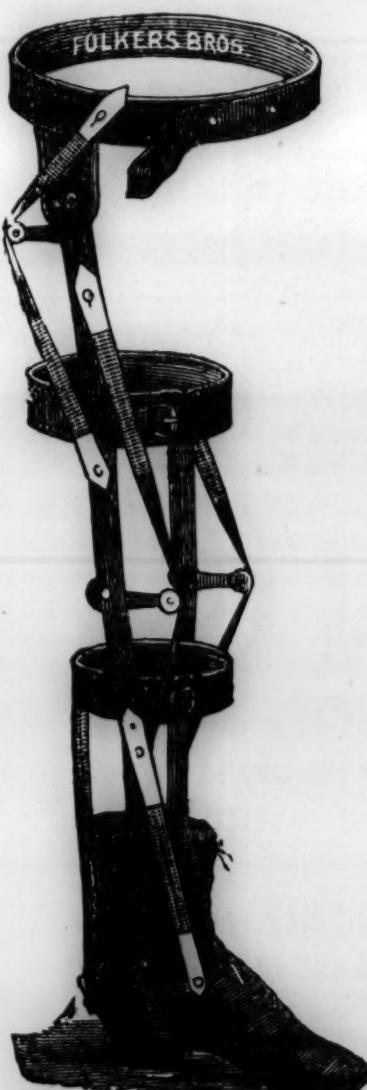
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CALIFORNIA MEDICAL JOURNAL.

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JUNE, 1901.

No. 6.

Hernia.

W. B. CHURCH, M. D., 612 POLK STREET, SAN FRANCISCO, CAL.

Professor of Physical Diagnosis and Diseases of the Chest, California Medical College.

SINCE my last article in the May number of the JOURNAL was written, I received a letter from a physician from which I extract the following:

"Speaking of hernia, Dr. G. said he had a case of an old man who had a strangulated hernia.

"He tried taxis for 2 to 3 hours without reducing it; then put on a poultice, and the next day Dr. C., the new surgeon here, went out to operate. 'Tis needless to say the patient died.

"Think of it, poulticing a heria! And still he, (Dr. G.) is very proud of the fact that he is a member of the railway surgeons association, and surgeon to the J. & M. R. R. here."

Perhaps this incident will justify another article, as it invites comment for several reasons. In the first place distinction between inflamed and strangulated hernia is not always made. A hernia may become irreducible from inflammation without the gut becoming strangulated. In such case two or three days delay may involve no serious consequences. In no case, however, should taxis be prolonged beyond half an hour, and noth-

ing like violent or forcible taxis at all.

Inflammation involving the tumor and its contents may be caused by external injury, as pressure of a badly-fitting truss; or may arise from extension of inflammation in the intestinal tract.

The symptoms in inflamed hernia are pain, tenderness in handling, increase in bulk—this is often considerable—a degree of hardness and tension, and irregularity of swelling. The contents of the protruded bowel are arrested, and the hernia is irreducible. The constitutional disturbance, however, is not severe, although there may be some fever, nausea, and the usual symptoms of obstruction. As already intimated there is nothing in this condition directly menacing life, and no urgent necessity for active operative treatment. Rest, abstinence from food, local treatment to allay inflammation and such remedies internally as may be required to relieve pain, will generally succeed in reducing the inflammation in a few days, when reduction again becomes possible. Un-

fortunately, when a patient has passed through such an experience several times, he may have an attack complicated by strangulation, when, judging from his previous experience, he will flatter himself that a course of treatment which has before been successful, will be again, and so delay too long, measures which might have saved his life.

A hernia that is irreducible is not necessarily strangulated. By strangulation is meant such a constriction of the protruding viscus as checks the circulation of the blood in its vessels, as well as the passage of faeces along the canal, and prevents its return into the abdominal cavity.

The arrest of the circulation is the all-important matter. The capillaries become congested, the tissues of the bowel at the site of the constriction swell rapidly, and unless the bowel is quickly released gangrene supervenes. The time will depend upon the tightness of the stricture, and the consequent degree of arrest of the circulation. The constitutional symptoms are of the most urgent nature, the suffering is severe, the pulse full and frequent, the tongue is coated white, a deadly nausea begins followed by uncontrollable retching and vomiting. Prostration is extreme. The facial expression is that of the utmost extremity of suffering and anxiety. Great and immediate danger to life is obvious, and the demand for immediate decided surgical measures equally obvious. The taxis under chloroform may be tried for ten or fifteen minutes, with other measures known to promote it,

such as position and enemas. The taxis failing, without unnecessary delay the stricture should be divided with the knife.

The mortality attending strangulated hernia is greatly in excess of what it ought to be. This is mainly due to too long persistence in the taxis, and the violence with which it is applied. Indeed the prognosis is good when the taxis has not preceded operation; otherwise it is bad. Stephen Paget of Metropolitan hospital, London, reported twelve cases sent to the hospital a few years ago for operation. Of the twelve only one recovered. He shifts the responsibility for this frightful mortality very properly upon those who spent days over methods of treatment worse than useless before sending their patients to the hospital. With the improvements which have recently been made in the surgical technique, together with modern ideas of sepsis and asepsis, it would seem to be high time that the statistics of strangulated hernia should be no longer a reproach to the profession.

No surgical skill avails anything to save cases which have been maltreated in the usual way until they are really moribund, but when the original medical attendant is competent to discriminate carefully between his cases and especially to recognize actual strangulation and secure immediate surgical assistance a fatal termination will become a very rare accident. It cannot therefore be too much insisted upon that the danger is not in the operation but in ill-advised efforts to avoid it.

In concluding this series it may not be amiss to add yet another with special methods to pursue for the radical cure of hernia.

Evolution of Nerves.

M. H. LOGAN, PH. G., M. D., SAN FRANCISCO, CAL.

Professor of Chemistry, California Medical College.

THE most ancient organism of which we can have any conception, arose by spontaneous generation, by its ultimate elements coming together in a watery solution, and combining very much as the elements of a chrystral combine. In fact, it stands as the analogue of a chrystral, differing from that only by the fact of its having special so-called organic functions and characteristics. It is the original parent of all subsequent organisms, and its antitype is found to-day in all warm seas, and is known as the Monera, a simple small lump of plasma, entirely without any hard or formed parts, a live quivering mass of vital matter, an organism without organs, power and energy without nerves.

The monera may not be considered either plant or animal, but a compromise of the two, out of which both may be said to have taken their origin. In the ciliated infusoria, which reproduce by a kind of copulation or sexual propagation, we undoubtedly observe expressions of soul life of the single cell. In the rhizopods or sun-animalcules—each one of the size of a pin's head—we can see thousands of fine mucus like threads radiating from the central plasma body. The next higher stage of development is the radiolaria protista, the central capsule of which sends out thousands of extremely fine threads to the branching and confluent

pseudo-feet. The central principle of life, which is usually designated as soul, appears to be the regulator of all vital activities. It is also met with in some of the single celled protista. After a long geological season, cells congregated into communities or coenobia. These gradually developed characteristic forms, are known variously as morea, blastea, gastrula, etc. From these the amoeboid cell processes begin to move rapidly and regularly, later to become permanent fringes or cilia. This is the birth of swimming and creeping motion. At this stage morula shows signs of separating into two layers, the epiblast and hypoblast. Out of the epiblast there now develops the epidermis with the glands and appendages, and the central nervous system. This is well exhibited in the primitive polypoid sponge.

Naturalists have divided all animal life into ten tribes or metazoa, the first and second of which were gastreads and sponges, by the formation of a dermal membrane of two layers; these thereby gave promise of a nervous system. The third metazoa, cnidaria or sea-nettles, are sometimes furnished with the first elements of a nervous system, but not always. When present the nerves form into a single ring. The fourth metazoa, platodes or flat animals, such as tape worms and sucker-worms, have a simple cerebral knot

and two longitudinal threads, also a pair of primary renal tubes. The fifth metazoa, or helminthes, are our common round worms. They have a simple cerebral knot or gullet ring. The sixth metazoa, or enichodenus—the star fishes—have a ventral five-rayed nervous system. The eighth or articulata, such as crabs, centipedes, bugs, spiders, etc., have a segmented ventral nerve cord with a gullet ring. The ninth, tunicata or mantled animals, of which the sea-squirts are a type, have a brain knot and a degenerated dorsal nerve cord. The tenth, or vertebrata, have a developed nerve cord, and in most cases a brain also. To this tribe man belongs.

When sufficiently developed the nervous system shows a beautifully ring-shaped and radiated chain.

All the tissue of the most highly developed animal body, sinews, muscles and nerves, must be regarded as secondary tissue insomuch as they have developed only subsequently out of the primary epithelia

That most beautiful of jelly-fish, the medusa, not only acquires a complicated vascular system, but a nervous system as well, and higher organs of sense, such as eyes, auditory vesicles, etc.

Those swarming colonies of magnificent hydro-medusa, like variously colored leaves, flowers and fruit, as beautiful and translucent as iridescent glass, are all extremely sensitive and mobile. At the slightest touch this magnificently unfolded stock shrinks to a small lump. Every hydro-polyh is composed of numerous medusa like

individuals, each one of which leads a different kind of life, and has different peculiar forms. Some are swimming bladders; others are swimming bells; still others are siphons to take up and digest food; others, the polpons, are sensitive tactile organs; others again are sex organs, in pairs, male and female, who devote themselves exclusively to propagation. Each different member of this "variety in unity" colony acts like a different organ of the human economy. It would seem that nature, tired of making new forms, had made one out of a combination of all previous forms. This individual altruria is the ancient prototype of the mammal of to-day, and hence of man. This may appear crude to us now, but at that early epoch it was the acme of perfection.

The fourth stage of generation, that of platodes, was an improvement on the previous tribes, such as sponges, sea nettles, etc. by having a central nervous system or primordial brain—a protoganglion—which is a simple nerve cord, from which radiate lateral threads systematically arranged. Owing to its position above the mouth or gullet, it is known as the supercesophageal ganglion. This primeval brain developed originally out of a dorsal parietal plate, on the outer surface of the skin layer of the gastræ-diploëra, above the mouth. In the next tribe, the helmenthes or worms, the primordial brain retains the same original simple form it had in the platodes; a few, however, have a gullet ring developed.

This gradually brings us to the next

higher step, which is the taballaria metazoa, or common worms. They inherit the primeval brain and a pair of kidney tubes as well. Although in many ways a step higher in evolution, the worm tribe seems to be very little above the platodes in nerve development. The nervous system in the molluscus, the next higher metazoa, is very striking and characteristic. It consists originally of a gullet ring, from which proceed a pair of strong latral nerve cords. They are usually developed so that they show an upper primary brain or cerebral ganglion, connected to a front gullet ring by a pedal ganglion lying below, and a back gullet ring with a gill nerve cord lying behind. These animals usually have a calcareous shell. The next upward step in evolution is the echinoderms before mentioned, which have a five-rayed symmetrical form, and a five-rayed nervous bond of union. These common starfish are not limited to five arms only, but may have as many as forty, but the five-rayed symmetry is fundamental, and the ruling characteristic. They form a calcareous shell as part of themselves. The central gullet ring sends off a branch to each ray. In this cormus there are five or more individual worms with a common mouth, stomach and nerve center. Next higher in the scale is the articulata. They also have a strikingly characteristic nervous system made up of a ventral nerve cord and gullet ring. This tribe includes the annelida, crabs, spiders and insects, with myriads of species. In the articulata, each segment or metamere has a part of the

vascular muscular and vervoous systems, etc. included and separate to itself. Each segment has a pair of ganglia all of which are united by longitudinal threads into a long chain. This chain runs on the ventral side under the intestine. The front knot of this chain, the lower gullet knot, lies in the head, and is connected by a string encircling the gullet with the upper gullet knot, the upper half of the primary brain.

The one order of sipping or licking insects—the bees—have risen to a most astonishing degree of intelligence, perfection and strength of character, by division of labor, formation of colonies, communities, states, etc. They surpass all other invertebrates and many vertebrate animals. Ants are included in this tribe.

With the ninth or tunicate tribe we approach the modern mammal. Up to this point, the development of a nervous system has been gradual and continuous, and other organs have developed in order of their importance. This tribe merges into the vertebrate by almost insensible gradations, and to this vertebrate tribe man himself belongs. In developing out of the egg, man at first does not differ from other vertebrates, especially the mammals. The embryo of a man, dog, bird and tortoise, are the same during equal stages of development.

The lowest form of vertebrate animal is the amphioxus lancelet, an acrania. It is the sole surviving representative of a headless tribe, and the last step between "man and the worm." After this a cranium was in order; first in the lower order of fish, mudfish, batra-

chians, reptiles, birds, mammals, and lastly man. Externally each end of the amphioxus is very similar; internally a mouth can be distinguished, this will distinguish the top end. But the important feature here is the spinal cord. It is later that a brain forms by the expansion of the top end of the cord, thereby making the brain a tertiary organ in point of time in development. In the tunicate and acranial animals, there lies a groove called hypobranchial, attached to the gill clefts, through which the water passes in breathing. It serves here as a glandular organ as well as an organ of sense. In the skulled animals, on the other hand, it becomes the thyroid gland in front of the larynx; it is this that gives rise to goitre in man.

During the period of first brain, nature made a most unique experiment. Strange and fantastic were the animals of that age, illshapen and exceedingly clumsy. Out of all regular proportion and ungainly were the monsters of the mesolithic era. Some of these dragon monsters were over one hundred feet in length with minute little brains. They were vegetarians. The largest of all the land animals were the colossal plant eaters, the atlantosaurus, who were one hundred and fifteen feet long and thirty feet in height. One of these individuals would eat a whole tree for breakfast. A single vertebra is over a foot in diameter. To-day these animals are very popular. They are pumped up from deep subteranean pools, hundreds and even thousands of feet beneath the surface of the earth in the form of petroleum and tar oils.

This is the original source of that vast system of synthetic remedies, or coal tar derivatives, the simple names of which are legion.

Many thousands of years separate geologic epochs. During these immense stretches of time, many sedimentary layers of earth have settled down and entombed the beings that existed during those periods. In the more recent geologic formations, man-like apes are found together with ape-like men. The transition appears to have been gradual, occupying many hundreds of thousands of years.

From all of the testimony of investigators in the fields of geology, biology, phylotaxy, etc., we must admit that man has been upon the earth more than a hundred thousand years. Surely there has been time sufficient to develope man into a moral and intellectual being, if not into a spiritual one. Man is the last step in this grand scheme of evolution.

From the ant and bee, those perfect models of vital reflex machines, to man, that moral and intellectual giant with infinite possibilities and a nervous system perfected—is but a step on the eternal way.

An osteopath in a western state announced at a recent meeting of his bone suffering brethren that he had devised a new method of curing tuberculosis, and presumably other bacterial diseases. The method consists in shaking the spleen so as to dislodge a number of phagocytes, which seize upon the specific bacilli and devour them. What the patient does while his spleen is being vibrated is not stated.—*Medical Record.*

Some Thoughts on Specific Medication.

JOHN FEARN, M. D., OAKLAND, CAL.

THE author of specific medication, John M. Scudder, M. D., the man who so slowly, methodically and persistently worked out this theory in his office, in the lecture room, and at the bedside of the sick; who taught it to his successive classes, and so imbued his students with the practicability and truth of his theory, that they went out to transmute his teachings into experience and practice, could he return to-day he would find thousands practising specific medication; and wherever these men are true followers of their worthy sire they are a success.

Prof. Scudder has been in his grave for over six years. His books are in the hands of thousands of busy physicians, supplementing his oral teachings. Able teachers in the different eclectic colleges of the different states are teaching his theories. And yet it is surprising what crude notions are held in some quarters about specific medication. There are some who apparently think the term specific medicationist applies to a physician who uses in his practice Lloyd Bros.' specific medicines. Now this is far from being true. The fact is when Scudder began teaching specific medication the vegetable part of our *materia medica* was in a terrible condition, and if the makers of extracts from our indigenous plants had been determined by any means fair or foul to destroy the faith of physicians in this part of

the physicians' armamentarium, they could not have adopted a more successful plan than to force upon the market such a collection of fluid and solid extracts, alkaloids, etc., etc., as were seen thirty years ago. Turn to the old files of the E. M. Journal for the last thirty years, see how from that time to the time of his death the editor fought for better medicines. For a long time he stood with a very few helpers. But his cause was a just one. There was a crying need for better medicines. This small band of wrestlers for pure medicines went bravely on. Pharmacists in their own ranks arose, they made good medicines, and can you wonder that these reformers directed their students to get specific medicines and other remedies made by pharmacists of their own school. The success which has attended the practice of specific medication has been great. But does anyone with any sense and powers of observation contend that our friends could have had the same success if they had gone on using the nasty, inert fluid extracts which were placed on the market by the regular drug houses thirty or twenty years ago? No. Scudder and his collaborators might have gone on teaching, but had not the Lloyds and Merrells supplied better fluid remedies than had ever been seen before, there would be little success in specific medication to-day.

When the physician orders beef, bread, mutton, milk, etc., etc., for the sick, he wants the best of these things that money can buy or the market afford. And when he orders medicines to remove diseased conditions, and prepare the way for the digestion and assimilation of these foods, he wants the best that can be found. Truth demands that we say there are now in the land other houses than those mentioned above who make and sell good fluid medicines. But our success has been made by the products of the laboratories and pharmacies of the firms mentioned above. They have a right to our support and patronage, and I like to see our physicians patronize the men whose products have made it possible for them to succeed. And yet a man may use specific medicines and not be a specific medicationist. I have seen some prescriptions written by men who claim this name that are the merest hodge podge and shotgun prescriptions; I think a prescription that contains from four to six ingredients besides the vehicle can hardly lay claim to be prescribing according to specific medication, though in this I may be wrong. Suffice it for this contention, the practice of specific medication is more than prescribing specific medicines; for we believe many are practising according to this theory to-day who never touch the products of Lloyd's or Merrell's laboratories. If using specific medicines is not specific medication, what is specific medication? We answer it is adapting means to an end. The means are the medical or surgical materials or pro-

cedures. The end, is the relief of human suffering. The cutting short, and as far as may be, stamping out disease processes. Now, have we any means, medical, known to those who practice this system that will surely cut short diseased processes? I answer we certainly have. Take the condition of active congestion as shown by flushed face, bright eyes, contracted pupils, severe headache or neuralgia, is not spec. gelsemium as near a specific as we can hope for? Experiences answer yes. Take the conditions of passive congestion as shown by pale face, expressionless features, dilated pupils, hebetude and tendency to continued somnolence. Can we do anything for that? We answer, yes; spec. belladonna will remove those conditions. Take the case where we have full bounding or corded pulse, surface flushed, temperature high, a genuine sthenic fever, can we help that? Of course; spec. veratrum viride meets those conditions, and carries the patient from danger to safety. But without specifying the conditions to be met by the different drugs, let me say the man who practises according to this theory deals in certainties; he knows diseased conditions which can be met and conquered by such remedies as bryonia, baptisia, cactus, rhus tox., nux vom., phytolacca, hydrangea, sulphite, the mineral acids, etc., etc.

But is the practice of medicine according to this theory confined to the administration of drugs? *certainly not.* There are many ways of removing diseased conditions, of cutting short and removing diseased processes besides

feeding with pills and capsules, or drenching with infusions, solutions and tinctures. It is the business of the man who practices this system to help the sick—to help them in the quickest, surest and safest manner—and many a time the quickest way out of the difficulty will be by the use of the knife, the sound, the currette, the catheter, the forceps, etc.

It is only by looking at the subject in this broad light "a light in which I have viewed it for years," that specific medication can attain to its proper place its true dignity.

Specific medication when it is properly understood is a complete system embracing all that is known in medicine and every procedure common to surgery; and the specific medicationist might well adopt as his law of cure "*anything to help the sick,*" and in the opinion of this writer it would be far better than *vires vitales sustinete*. Many a man is sick and sick for years on account of glandular inactivity. There is portal congestion, costipation. The liver, the spleen, the pancreas, the stomach, the skin, etc., are in a moribund condition. They refuse to do their work or to yield their secretions, and per consequence, we have poor digestion, mal-assimilation. Many of these cases can be speedily relieved and cured by thorough colonic flushing, and the liberal use of water inside and out. In this case we have used no medicine and yet I contend such treatment as that is specific medication.

Or take another case; some years ago I was called to counsel over an old man over eighty years of age. He

had stricture and on this occasion the detrusser muscles were paralysed through distension till for nearly two days there had been complete retention of urine. I first asked permission to try the catheter. I failed to enter the bladder as the other physicians had failed. The bladder was enormously distended and could be outlined through the abdominal walls. Medicine was no use here, I question if chloroform would have been of any service. Besides, every delay of a minute was fraught with pain and danger. I suggested entering the bladder by a suprapubic puncture, it was done, and while the urine drained away the poor old man fell asleep; in my judgment that was specific medication in practice.

Again, a little boy was brought to me about five weeks ago from one of the interior towns, he had long been puny and very nervous, his sleep was poor; but his physician did not know what the cause of the trouble was. I had him stripped to make a thorough examination. I found an elongated prepuce, very tight, a pinhole opening and adhesions to the gland. Medicine would not help this boy. He was circumcised, and in one week he had improved so that he did not look like the same child. That I take was practising specific medication.

I saw a woman this morning, she has been sick for a year, is very much emaciated, anaemic and reduced wonderfully; examination revealed a large uterine fibroid with other pelvic wrongs. Her sufferings through pressure of this morbid mass on important

viscera was very great. Pulsatilla, macrotys, codea are all right for relief, but there are no medicines, specific or otherwise, that will help that fibroid. She was told that the knife offered the only medical relief, that operative measures through the delay might be too late; but she ought to try the surgical method. She said she would and was at once taken to the hospital to get ready for operative procedure, And carry out this line of work, and in the case of this poor sufferer this will, in my humble opinion, be practising specific medication.

In conclusion, let me say, the editor

of the California Medical Journal wrote me for an article on this subject. He gave me but little time; the call found me with my hands full of business; but in these lines I have tried, though hurried and very imperfectly, to present to the readers of the JOURNAL my views on specific medication. And I will say again, it is more than the ability to give a little medicine or administer a little electricity successfully, it embraces besides this a knowledge of all procedures Surgical and manipulative known to the practice of medicine, and the art and science of surgery.

Some Observations in a Recent Celiotomy Case.

B. ROSWELL HUBBARD, M. D., SEATTLE, WASH.

A few weeks ago I was asked to prescribe for a case of persistent retching and vomiting in a lady stopping at one of the hotels of this city. I learned upon getting a history of the case that the stomach trouble had extended over a period of two years, and that the nausea was more pronounced just previous and during her menstrual periods.

During the six weeks previous to my seeing her she had menstruated three times; the flow being very scanty. Her abdomen was greatly distended with gas, a feature of her late menstrual epochs. Her only other physical wrong noticeable was a nervous disturbance that manifested itself by irritability, headache and inability to sleep.

With this train of symptoms, in common parlance, it was "up to me" to locate the cause of her trouble; I suspected that her entire train of symptoms were reflex and that she was suffering from some uterine derangement, and after I had outlined a tumor mass the size of a foetal head in the lower pelvic region my suspicions were confirmed. The uterus and bladder were displaced to the extreme left and the rectum was encroached upon to the extent of great functional impairment when she was up and about; she could not expel flatus and she suffered from stomachic derangement from repeated large doses of physic. The gaseous distention of the abdomen previously mentioned was most pronounced at times, which intensified

the entire train of nervous symptoms.

Upon learning that operative measures was the only hope of relief, she readily consented to avail herself of this procedure.

And after a week's grooming at Providence hospital I opened the abdomen and removed an ovarian cyst, the pedicle of which was some three inches long. The tube was not attached to the cyst but reflected back upon the fundus of the uterus to which it was attached at its fimbriated extremity by slender adhesions. The tube was not removed.

No other adhesions were encountered; some inconvenience was met with during the operative work from the greatly distended colon with gas.

In cases of bowel distension of this kind it facilitates the operative work to puncture the distended gut with a fine hypodermic needle, the puncture being made in an oblique manner, care being taken not to puncture the blood vessels.

She made an uneventful recovery, and left the hospital for her hotel the twenty second day.

The pulse following laparotomies is

a factor of the first consideration. The temperature is of secondary importance; however, a small, wiry, rapid pulse, associated with a rapidly increasing temperature is symptomatic of septic peritonitis, especially should these features start with a sharp, pronounced chill.

Indeed, we may have infection with sub-normal temperature when the pulse will be our only guide to the approaching collapse.

Post-operative features in this case were an increased pulse rate and colligative night sweats *without prostration or provoked by high temperature*. Her temperature at no time exceeded $99\frac{1}{2}^{\circ}$ while the pulse rate for the first ten days fluctuated between one hundred and twenty and one hundred and thirty.

Another feature bearing upon this case is the fact that a local physician of some repute had frequently prescribed for this woman's ailments and failed to locate the cause of her trouble, still, he is of the class that dotes on diagnosis and pathology of disease, with but a *shaking faith* in the power to save through the force of remedial agents.

How Far Has Specialism Benefited the Ordinary Practice of Medicine?

BY L. DUNCAN BULKLEY, A. M., M. D., NEW YORK.

MEDICINE and surgery, or the science and art of relieving human sickness, have made gigantic strides during the latter half of this nineteenth century; this no one can deny. In one way or another many affected by disease or accident are benefited in

a manner quite impossible fifty years ago. It can also not be denied that a very considerable portion of this progress has been accomplished by the efforts of individual practitioners who have devoted special attention to particular lines of medical study and

practice. In other words, specialism has unquestionably advanced the science and art of medicine and surgery, and each succeeding year is adding to the sum total of our knowledge of disease and its treatment.

But, as in many other lines of human activity, all subdivision of labor, while undoubtedly advancing the best interests and development of the people at large, has its disadvantages for those engaged in the work. This is seen constantly in many of the industrial pursuits, where mechanics or workmen become almost like machines, devoting their constant toil and energy to one small section or subdivision of work, and are relatively useless in regard to the other portions of the same industry. This has unfortunately been the tendency of specialism in medicine. Indeed, this department of human thought and activity has developed so greatly that it has become almost impossible for any one to acquire in a satisfactory manner, or rather, in the best manner possible, more than one of its subdivisions. Moreover, the close application of time and energy necessary to acquire and properly practise one branch is so great, that the specialist has a continual struggle if he would rise above the grind of his daily task, in his relatively small field, and keep at all abreast of general medicine, and have any knowledge of matters relating to other departments.

There is great danger, then, that the modern development of specialism will tend to produce a narrower type of medical men, who, like the mechan-

ics, will know only their own department and work, and be unable to properly understand the relations of special portions of the field of medicine to others, or to the system at large. He must work hard indeed, even to keep up in his own line, and harder yet not to fall behind in his general relations to the science and practice of medicine.

But there is also great danger for the general practitioner in this rapid development and expansion of the science and art of medicine. The vastness of each special branch acts rather as a depressant, and discourages him from attempting to master each in turn; and, as it is easy to secure special aid when needed, there is a tendency to neglect the cultivation of the special branches, engendered by the apparent hopelessness of the undertaking. Thus the general practitioner tends to become less and less of the all-round man, less self-reliant and less equal to all emergencies, and withal a less valuable member of the profession. This danger is greatest in cities, where special consultations are so easy. All honor to the old-time country doctor of the best type, who, under the greatest difficulties, was able with equal skill to meet every possible event and emergency, and was never daunted at any difficulty or danger. Such men in the past have often shed much light on medicine, and occasionally some of them, as Ephraim McDowell and Marion Sims, have made notable advances in the profession.

Like the specialist the general practitioner of to-day who would succeed

in the best manner must work, and work very hard to keep abreast of the times. He must study hard in all branches. The specialist often devotes years to acquiring his branch, and spends much money in visiting foreign lands. He also spends very much on books, journals and instruments. He devotes much time and strength upon medical societies and clinics, and is constantly on the alert for anything which can aid him in the practice of his branch. The general practitioner who would be truly successful must do the same. It is not enough for him simply to acquire his diploma and then to cease all effort for advancement. In this active age he also must struggle for his position. He must spend money for books and instruments, and, as far as possible, time and money in visiting clinics; he must, from societies, books and journals, learn the advances in medicine and use every endeavor to become as well fitted as possible for the serious work at hand.

It is the old problem of the survival of the fittest, and if the general practitioner wishes to succeed he must use the means, otherwise he may go to the wall. This brings us to the consideration of the topic which the council has assigned to me.

**"HOW FAR HAS SPECIALISM BENEFITED THE
ORDINARY PRACTICE OF MEDICINE?"**

1. It has been seen that the work of individuals in special lines has advanced the science and art of medicine. It is claimed that the practice of medicine has thereby been advanced as a calling, and during the past fifty years

has become greatly elevated among the learned profession. Every practitioner shares this honor, and if he is worthy he is more highly esteemed for the higher position which medicine and surgery have taken through the effort of individual workers.

2. Special study has classified disease more clearly, and simplified nomenclature. No one who has at all studied the older medical literature can doubt for a moment the value of the work of separate investigators in classifying disease; what was once a chaos is now a relatively clear field. In the single department of dermatology the advances begun by Hebra have been carried on by successive specialists, so that to-day the subject is far more readily understood by the general practitioner than it was fifty years ago.

3. Obscure conditions of disease have been discovered and elucidated. The refinements of diagnosis sometimes seem exaggerated, but who will question the great value which special study has accomplished in clearing up many obscure points in medicine. In every department symptoms have been grouped and classified, and the nature of disease elucidated in a manner quite impossible without such special work; and much of this can be appropriated by the general practitioner, *if he will*.

4. Not only have specialists discovered and developed new lines of thought and practice, but they have aided the ordinary practice of medicine by the clear descriptions of disease which they have given in every branch of medicine; and not only verbal des-

criptions, but pictorial illustrations have been furnished, with a prodigality which is astonishing. All of these are accessible to the general practitioner, who can appropriate as much as he will.

5. The successful treatment of diseased conditions must be the final test, to the medical man, of the real value of advances in science; and here the work of specialism stands foremost. Who can deny the advances which have been made in therapeutics, medical and surgical, by workers in special lines? The constant aim has seemed to be to find some improvement in the means or measures used to combat disease.

Thus, treatment has, in many cases, been greatly simplified and crystallized and multitudes of new measures and methods have been introduced, which may be also employed by the general practitioner, if he will.

6. The crowning glory of specialism in medicine has been the free manner in which all discoveries and advances have been given to the general medical profession. The layman can hardly understand how it is that those working in special fields should always be so ready to communicate their choicest secrets of success in therapeutics to their confreres in the profession; and yet so it is. With each advance they eagerly seek to spread the knowledge in the societies, in current periodical literature, in text books and monographs, and they all seem to vie with each other in spreading broadcast the results of their work. Also by means of lectures and clinics the specialists have made every effort to

enlighten the general practitioner in regard to each branch.

Whose fault is it if the ordinary practice of medicine is not benefited and improved by all this earnest and faithful work? Who is to blame if the rank and file of the profession do not absorb and assimilate the information and knowledge so freely proffered to all?

Much of the difficulty undoubtedly lies in the wideness of the field and the intricacy of some of the branches. But, on the other hand, there is much in every branch which is quite understandable, and it is believed that with more diligence the general profession could grasp and utilize far more than is now done.

7. The specialist has also advanced the ordinary practice of medicine by the aid which he has constantly given in relieving conditions which the general practitioner could never have accomplished alone, and has thus relieved him of great embarrassment. Illustrations of this will arise to every one; consider the relief of the family physician by the successful assistance of intubation, or of obstetric aid in a critical case, or by surgical interference in a threatening fatal malady, or of neurologic and surgical aid in a brain tumor, and so. The specialist should be, and is, the physician's ally his friend and counselor, his timely help over hard places, and, by virtue of study and experience, his instructor in his particular branch.

8. Incidentally, specialism has benefited the ordinary practice of medicine by a certain education it has given the public in regard to the pecuniary value

of professional services. Physicians of old have been proverbially lax in regard to money matters and patients of old have been proverbially lax in discharging their indebtedness to physicians. Of late years the specialist has insisted on his fee, which has also been larger than that demanded for medical service some years ago, and it is believed that the public understand their pecuniary responsibilities and respond in the main far better than they did fifty years ago. Many general practitioners have taken advantage of this, and collect their charges more punctually and fully than was the case some years ago. If all the members of the general medical profession do not take advantage of this example of the specialists and this general change in public opinion and practice, it is their own fault.

In attempting to answer the question which your council assigned to me, I have endeavored to show that specialism has very greatly advanced the ordinary practice of medicine. That it has not advanced every practitioner of medicine is certain, and it was shown that there was even a danger that the growth of specialism might tend to narrowness of mind and powers both among specialists and general practitioners. But with the proper use of advantages, and with earnest and high purpose of doing the best possible, the general practitioner can, and should, use the results of special work in such a way as to enlarge his powers and advance his usefulness. Work, work, work, is the only secret of success.

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SURGERY

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Excision of High Rectal Carcinoma Without Sacral Resection.

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SINCE Lisfranc introduced his operation of excision of the rectum for malignant disease as a legitimate surgical procedure, a number of modifications have been devised by different surgeons for the purpose of perfect-

ing its technic and of enlarging its sphere of application. Experience soon demonstrated that in the removal of a high carcinoma of the rectum, Lisfranc's incision did not furnish sufficient room to render the operation safe and effective. With a view of bringing the upper portion of the rectum, when the seat of malignant disease, within the reach of radical removal, Kocher advised and practised excision of the

coccyx as a preliminary step in performing the operation. Emboldened by the greater safety attending all operative interventions brought about by the general adoption of antiseptic and aseptic precautions, more extensive resections of the posterior bony wall of the pelvis were planned and carried into effect, for the purpose of securing additional room in the removal of malignant disease involving the upper portions of the rectum. Kocher was followed by Kraske, who first suggested partial resection of the last two sacral vertebrae. Kraske's sacral resection consists in cutting through the left half of the last two sacral vertebrae in the form of a curve inward and downward from the third to the fourth sacral foramina, and from here to the body of the sacrum. The sacral route to the rectum is generally known as Kraske's operation, although sacral resection has been carried much further by Bardenheuer, Volkmann, and E. Rose. Bardenheuer resects the sacrum from below as far as the third sacral foramen. Volkmann and E. Rose divide the sacrum transversely on a level with the second sacral foramen, and claim that opening of the spinal canal, which takes place in performing this operation, has seldom been followed by serious results.

Temporary resection of the lower portion of the sacrum was first introduced by Heineke as a preliminary step to the operation of excision of the rectum. This has been variously modified by different surgeons, but for obvious reasons has never become popular with the profession. Kraske's

method, which found ready introduction in Germany, is almost unknown in England, and has never been extensively practised in France. In America the sacral route has had a fair but not extensive trial. Opinions in this country are somewhat at variance in reference to the advantages offered by this method. The writer has resected the carcinomatous rectum by the sacral route in twenty-five to thirty cases. He has never resorted to temporary resection of the sacrum, and has always performed either the typical Kraske operation, that is, partial resection of the left half of the last two sacral vertebrae, or total resection of the last two sacral vertebrae. After an extensive experience with Kraske's method, the writer has become satisfied that the room gained by this operation is an inadequate compensation for the additional danger to life incurred. I have often been greatly disappointed at the gain in space furnished by the Kraske method in the removal of a high rectal carcinoma, and recent experience has convinced me that sacral resection is not only unnecessary, but absolutely harmful in all operations for malignant disease of the rectum.

I wish to place myself on record as being absolutely opposed to the sacral route in all operations for the radical removal of the carcinomatous rectum. The sacral route has been selected, of course, only in cases in which the carcinoma involved the upper portion of the rectum, but I am fully convinced by ample experience that radical operations can be performed in all cases

justifying such a procedure without this additional trauma and mutilation. I have become satisfied that sacral resection constitutes an important item in determining the high mortality of operations for high rectal carcinoma. I have become equally well convinced that all legitimate and well grounded indications for the radical removal of high rectal carcinoma can be met and ample room for performing the operation secured by a preliminary excision of the coccyx. In extirpation of the rectum below the peritoneal reflexion even the removal of the coccyx is superfluous. In excision of the upper portion of the rectum the peritoneal cavity must be freely opened, and in such cases ample space is secured by removal of the coccyx. If excision of the coccyx does not furnish the necessary space it is much safer to resort to the combined operation than to persist in creating additional space by sacral resection. I hope and trust that, at least in this country, the Kraske operation will soon become obsolete.

With the intention of placing my objections to the sacral route on a clinical basis I have selected from my practice two cases of rectal carcinoma representing the two principal pathologic varieties of this affection as a text for this paper. Both of these cases were operated upon during the same week, more than two years ago. Both patients were females less than forty years of age. In one case the disease involved the lower portion of the rectum primarily, and in the course of time involved at least $\frac{1}{2}$ inches of the rectum, without causing any seri-

ous mechanical obstruction. In the other case the disease had a high primary origin and was characterized clinically by symptoms which pointed to mechanical obstruction in the lower portion of the intestinal tract. In the first case the excision necessarily included the sphincters of the rectum, and during the operation it was found impossible to bring the proximal end down to the level of the anus, and I had to establish a sacral anus not as a matter of choice but of stern necessity. In the second case the lower portion of the rectum remained intact, the disease had a high origin enabling me to preserve the sphincters by making a circular resection and suturing the proximal to the distal end to the extent of uniting the anterior two-thirds of the circumference of the bowel. The detailed account of these two cases ought to satisfy any unprejudiced surgeon that sacral resection is destined to become an obsolete procedure in the near future in operations for malignant disease of the rectum.

A few words in reference to contraindications to radical operations for high rectal carcinoma. I regard as legitimate contraindications to such operations all cases in which the proximal limits of the tumor are beyond the reach of the index finger, extensive involvement of the retroperitoneal glands and marked extension of the disease beyond the rectal wall, that is extensive infection of the pararectal connective tissue. In the absence of such positive contraindications I deem it probable that a radical operation can be performed without sacrificing

any portion of the sacrum by limiting the resection of the posterior bony wall of the pelvis to removal of the coccyx.

Circular Resection of the Rectum, Suturing of the Proximal to Distal End; Temporary Coccygeal Anus; Recovery with Preservation of Full Use of Sphincter Muscles.

The patient was a married woman, only twenty-nine years of age, American by birth, and housewife by occupation. Family history in reference to tuberculosis, syphilis and malignant disease negative. With the exception of the usual diseases incident to infancy and childhood the patient has always been in good health until about six years ago, when she commenced to suffer from constipation and painful defecation; the pain being particularly severe at times when constipation became most obstinate. Since that time the solid fecal masses have been gradually diminishing in size, and during the last year diarrhea has been a conspicuous clinical feature with absence of any well-formed stools. For a long time mucus in greater or less quantity has been observed constantly in the stools.

Symptoms pointing to chronic intestinal obstruction have been gradually increasing in frequency and intensity during the last six months. The patient's general health has been gradually failing, and the various kinds of treatment resorted to at different times have proved unavailing in affording anything but temporary relief. The last diagnosis made based on a rectal

examination was cicatricial stenosis of the rectum.

The patient was admitted into the Presbyterian Hospital October 31, 1897. At the time of her admission she was anemic and considerably emaciated. The abdomen was tympanitic, and during the paroxysmal abdominal pains the intestinal coils, in a state of violent peristalsis, could be distinctly outlined on the surface of the abdomen. Examination of the urine and organs of the chest revealed nothing abnormal. Uterus, tubes and ovaries healthy. Digital examination of the rectum disclosed a tight circular stricture about four inches above the anus. The lumen of the bowel at this point did not much exceed the size of an ordinary leadpencil. It required a good deal of patience to pass the tip of the index finger through the stricture sufficiently far to determine the extent of the disease. The stricture was surrounded by a solid, firm mass, which involved the entire thickness of the rectal wall and included the whole circumference of the bowel. Above the stricture the rectum was dilated; the mucous surface was the seat of a catarrhal inflammation.

The tumor, which involved about three inches of the rectum, was spindle-shaped, the center corresponding with the location of the stricture. The affected portion of the rectum was freely movable. Behind the tumor, and firmly attached to it, could be felt two hard lymphatic glands, considerably enlarged. By making a vaginal examination the tumor could be traced above the pouch of Douglas. The car-

cinomatous lymphatic glands could be felt most distinctly by dragging the tumor down and palpating its posterior surface. The examination left no doubt as to the carcinomatous nature of the stricture. The mobility of the rectum and the limited regional infection induced me to advise a radical operation.

The patient was prepared in the usual way for the operation, which was performed November 3. The first step in the operation consisted in removing the coccyx and in exposing the rectum below the stricture. At this point the rectum was separated from the vaginal septum. A gauze ligature was applied at least an inch below the tumor, and the bowel divided transversely below the ligature and about two and a half inches above the anus. Enucleation of the rectum was continued from below upward.

Gentle traction upon the ligature facilitated the procedure materially. Before the tumor could be reached the peritoneal cavity was freely opened, when the exact location of the tumor was indicated by a marked retraction of the peritoneal coat of the anterior surface of the tumor well up in the cul-de-sac of Douglas. In isolating the bowel posteriorly the sacral curve was closely followed in order to include in the excision all of the infected glands. As soon as the bowel was sufficiently liberated to bring the tumor within easy reach, the peritoneal opening was tamponed with plain sterile gauze held in the grasp of a large hemostatic forceps. A strip of gauze was tied around the bowel above the proposed line of

transverse section and the amputation made through healthy tissue

The section of rectum removed measured five and a half inches in length and included three or four carcinomatous glands. The peritoneal cavity was closed with a number of catgut sutures, including the seromuscular coat of the rectal wall and the parietal peritoneum. Vessels requiring ligature were next secured when the two ends of the rectum were united with two rows of catgut sutures over the anterior two-thirds of their circumference, after which the gauze ligatures were removed and the remaining portion of the resected ends were sutured to the skin at a point about two inches below the sacrum, thus creating a temporary coccygeal anus. The cavities were packed with iodoform gauze and the incision sutured in the same manner as in the first case.

Sections of the specimens removed were later examined and the clinical diagnosis verified by the use of the microscope. In this case the operation was followed by little or no shock. Not a single untoward symptom appeared during the whole course of after-treatment. The iodoform-gauze tampon remained in place for a week, and at the time they were removed the cavities were found lined with a pavement of vigorous granulations. Four weeks after the operation the lower cavity was completely healed, the upper contracted to a narrow fistulous opening.

For four weeks all the feces escaped through the artificial anus, after that

time progressive contraction of the opening directed the fecal current toward the natural outlet guarded by the intact sphincter muscles. Two months after the operation the entire wound was healed and the artificial anus closed. The functional result in this case was perfect, and the patient left the hospital much improved in her general health. As I have heard nothing from the case since, the result of the operation remains uncertain, but I have reason to hope that no recurrence has occurred to date.

Suturing of the resected ends proved entirely satisfactory in this case, as the sutured part united by primary intention. The experience with this and

other cases has satisfied me that a radical operation for carcinoma of the rectum can be successfully performed without sacral resection in all cases in which the extent of the disease warrants operative intervention. I am equally convinced that sacral resection greatly adds to the mortality of the operation without furnishing an equivalent in space or without increasing materially the prospects for more lasting results. The combined operation is destined to take the place of sacral resection in all cases in which excision of the coccyx does not afford the required space to reach the proximal limits of the disease with safety.—*Philadelphia Medical Journal.*

Electro-Therapeutics

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Electricity in the Treatment of Articular Rheumatism.

BY M. F. WOODWARD, M. D., BLOOMINGDALE, IND.

I have used electricity in a case of articular rheumatism with excellent results. The case is one of long standing. The joints were swollen, especially at the wrists and ankles, which were slightly ankylosed. There was soreness in the wrists, with a good deal of pain in the shoulder and along the median nerve. Also at times much pain along the sciatic nerves.

The patient has been troubled with indigestion for a long time. Of course my first attention was directed towards correcting this condition, which resembled catarrhal gastritis as nearly as I can tell. However, I used the positive abdominal electrode over the epigastric region and the negative sponge electrode to the upper posterior cervical region. The patient had been troubled some with vertigo, but after two treatments this disappeared and her digestion improved. In treating the upper extremities the negative electrode was placed over the enlarged



joints and the positive at the posterior cervical region. After remaining in this position for ten minutes, moved the negative electrode toward the positive along the affected nerve tract.

In the lower extremities the positive electrode was placed over the lumbar region and the negative at the ankle, moving it along the sciatic nerve tract. The current used was a medium primary faradic of about one hundred and fifty milliamperes. Applied current about twenty minutes each sitting. Two treatments demonstrated to me that she was much better. The swelling in the joints is less than at first. The circulation seems a great deal better, which is probably due to improvement of digestion.—*Journal of Electro Therapeutics.*

Infantile Paralysis.

BY JOSEPH P. COBB, M. D., CHICAGO.

During the acute stage the treatment of infantile paralysis does not differ from the treatment of any acute disease, and little attention need be paid to the paralysis. After the acute stage has passed the paralyzed muscles demand attention. Massage and electricity are our most valuable means of help; strong electrical currents are to be avoided because they are irritants and do harm. An important part of the electrical treatment is to exercise individual muscles that are not under the control of the will; for this purpose the galvanic current only is serviceable, because the muscles will not respond to the faradic current. The general nutrition must be maintained

by a good diet, exercise and out of door recreation.

Torticollis.

Discussing a case of spasmodic torticollis, Dr. G. F. Goldsborough says: In the absence of hypnotism, suggestion was applied in two ways—first, in giving a hopeful prognosis and firmly pointing out that the patient could help herself by the exercise of the will; and secondly, in applying a stimulus to the muscles opposite to those affected by spasm by means of the electric current; not that the latter muscles were in any way weaker than those affected by spasm, but that through the unaffected muscles the will of the patient had to be exercised to overcome the spasm, and a stimulus in the nature of the electric shock would give confidence in the exercise of the will. The stimulus of the electric current would in reality act as a suggestion to the patient that she was stronger than she had thought herself. The adoption of such a principle as this opens up a wide field for electricity and exercises in the treatment of motor disorders in hysteria, which in the case under consideration was justified by the result, for recovery was complete.

A hot fomentation that will not require to be changed frequently can be made by dipping a flat section of sponge in hot water. Apply to the part, and upon sponge place a hot-water bag. If desired, the water in which the sponge is dipped may be medicated.—*Medical Dial.*

GYNAEKOLOGY

Edited by J. W. HAMILTON, M. D., Parrott Building, San Francisco, Cal.; Prof. of Gynaecology, California Medical College.

Aseptic Minor Gynaecology.

[CONTINUED FROM MAY NUMBER.]

Arrangement of Instruments.—The instruments needed should be selected from their cases, where they are kept when not in use, and placed in a flat pan and covered with some antiseptic solution that will not injure or tarnish them. This should be done beforehand and the dish covered with a clean towel to conceal them from view, since some nervous patients have a dread of instruments. All instruments should be kept brightly polished and should be replated when they begin to show wear. This can now be done at so little cost that no one need neglect this little item. The aphorism that a workman is known by his tools is quite true and should be borne in mind. The tray or dish containing the instruments should be placed on a low table conveniently to the right of the physician as he faces the foot of the table. All things likely to be needed for the examination, as sterile absorbent cotton wads for sponging, gauze and cotton prepared for tampons with strings attached, or prepared wool for same, are placed in separate glass jars with covers on a lower shelf on the same table holding the instruments. On the same shelf should be placed such remedies as may be needed, such as

glycerine, iodine and a solution of iodine in glycerine, 1 part to 32, which is to be preferred to other mixtures with glycerin, as boroglycerin or ichthyol and glycerin. This should be placed conveniently at hand before beginning the examination or treatment of the patient.

Under this table should be placed a deep receptacle—a deep cupboard, for instance—for depositing waste cotton wads after they have been used. This receptacle should be deep and have a rather contracted mouth or neck so as to conceal from view what is thrown into it.

Reservoir and Irrigating Apparatus.—A reservoir containing an antiseptic solution for irrigation should be placed conveniently upon a door-frame or window-frame, and should be arranged on a slide, with pulley for raising and lowering for convenience in refilling and to get the required elevation. This reservoir, for office work, where it can be permanent, is constructed preferably of a large glass percolator, of two-quart capacity, with rubber tubing eight or nine feet long attached. This tubing should have a large caliber, so as to convey a stream of considerable volume. The necessity for a wide-mouth reservoir, such as a percolator, is that it may be more readily washed inside.

Necessity for the Method of Washing and Sterilizing the Hands.—While the patient is being placed on the table by the nurse the physician washes his hands, for no examination should be made with unclean hands. If he is not so fortunate as to have a nurse to assist him, he places his patient in position on the table first and washes his hands afterwards. This is essential, as the hands will become soiled in handling the clothing or shoes, which he may be obliged touch in getting the feet into right position.

The necessity for sterilizing the hands before making a vaginal examination can be appreciated if the fact is recalled that infecting germs exist on the hands of every individual under ordinary conditions and even after ordinary washing. The staphylococcus is always present, as shown by actual bacteriological tests, and very often the streptococcus also. A suggestion as to the method of washing the hands may, therefore, not be amiss. It is well known that ordinary soap does not clean the hands, nor does ordinary washing. Scrubbing with a stiff brush and a reliable antiseptic liquid soap is essential. I have employed for this purpose, with much satisfaction, Synol soap, which has been furnished to me by Johnson & Johnson. It does not roughen or injure the hands, but, on the contrary, makes them soft. This soap should be kept in a receptacle over the basin, preferably of glass, with a contrivance that will permit the necessary amount to escape into the hands by pressing a button attached to a lever. Thus, there is no chance

of contamination of the whole when a small quantity is needed. The soap should be well rubbed into the hands and around the fingers and nails, by rubbing them together, then it is washed off by a stream of warm water by a faucet, then with more soap and a nail brush, the hands, fingers and nails are scrubbed thoroughly. Before the scrubbing is finished the nails should be cleaned, preferably with a flat, dull-pointed stick. Then they are again scrubbed, and finally the soap is rinsed off under a stream of warm water. The stream is preferably regulated by a foot pressure which controls both the hot and cold water, so as to avoid touching the handles of the faucet in turning it on. I have found, by actual bacteriological tests, that this will positively destroy both the streptococcus and staphylococcus on the hands with five minutes' scrubbing.

Method of Placing the Patient on the Table.—The manner of placing the patient on the table is important. She should be directed to place her back to the foot of the table, and while the nurse or physician stands in front of her holding the sheet spread out between them, so as to conceal her movements perfectly, she is directed to pull up her skirts well behind and sit back on the edge of the table with the skirts free above it. Then she lies back on the table, the sheet is thrown over her, covering her completely, and the feet are lifted into position upon the steps, which should project beyond the foot of the table some seven or eight inches, so that the buttocks may come to the

edge of the table. The rubber cushion being in position on the table, the buttocks are now resting on this. Either she or the nurse now draws aside the drawers, which are usually split up the back, thus getting them out of the way, outside of the inflated rim of the air-cushion on each side. The bare buttocks are therefore resting on the cushion, and there is no risk of wetting the clothing.

Continued in July issue.

The Business Outlook in Medical Practice.

THE ratio of physicians to total population in the United States is rather more than one in six hundred. The 120,000 physicians are dying at the rate of about 25 to 1,000. To make good the deficit of physicians by death, about 3,000 should be graduated annually. The population is also increasing at the rate of about 1,300,000 annually, and this increase could accommodate some 2,100 additional graduates in medicine annually. In 1899, according to statistics of the Bureau of Education, all of the medical schools of the country graduated not quite 5,000. Thus, statistically considered, there is a very slight favorable tendency toward the reduction of a tremendously overcrowded profession.

On the other hand, it should be remembered that as a country increases in density of population, it can support fewer physicians. For instance, European countries with a ratio of approximately one to two thousand of physicians to population, support their medical professions even more poorly

than does the United States. Moreover, sanitary science and medical and surgical skill, as well as more wholesome modes of living, are markedly reducing the work of the profession. The well known fact that a fifth or sixth of graduates do not practise is little comfort, as this has always been the case, and it simply denotes the unfavorable conditions against which the medical man has to contend. Thus, it is the urgent duty of every physician, by fair argument and reasonable means to create a sentiment against the entrance of young men upon medical studies, unless they are specially fitted for their pursuit.—*Philadelphia Medical Journal.*

Large doses of creasote in incipient pulmonary tuberculosis often do more harm than good unless well diluted by some bland vehicle. The emulsion of cod-liver oil is a favorite with many, but the writer prefers pure cream. This may be taken in considerable quantities by almost any one.—*St. Louis Clinique.*

In chronic valvular disease the nervous element is often of great importance, and your positive assurance that the patient is in no immediate danger is often as valuable as medicine. The anxiety is reduced to the minimum and the heart's action is more readily controlled when no longer aggravated by the fear of impending death. *St. Louis Clinique.*

The announcement is made that the German government has established a quarantine against vessels from Cape Town.—*Cleveland Medical Gazette.*

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*A Review and Digest
MEDICINE and SURGERY.***Modern Midwifery.**

The time was, not so long ago, that medical men as a rule employed antiseptic douches after accouchements, under penalty of a possible suit for malpractice in case the case did not do well if the douches had not been used. Under the antiseptic regime, carbolic acid and the bichloride of mercury were a sort of fetish, used to sanctify all sorts of dirt.

Men who could see and think for themselves soon observed that antiseptic irrigation, as administered by the average nurse, proved often more septic than antiseptic, and learned not to meddle so much with physiologic processes. It was found that if infection were not carried into the genital passages of the parturient woman by the medical attendant, the nurse, the patient herself or the husband, there would be no puerperal fever.

With the advent of asepsis into surgery, obstetrics, which is surgical if anything, quickly adopted similar practices. The more or less wounded soft parts of the mother are now treated much as ordinary wounds, by suture, if need be, and by occlusion. This last is effected readily by pads of absorbent cotton wrapped in sterile, or iodoform, or nonsophen gauze, and held in place by a napkin pinned in front and at the back to a snug abdominal binder. These pads must be changed as frequently as a stain of blood shows through them, when the

external parts should be carefully washed and dried. Simple cleanliness is, therefore, the chief reliance in modern midwifery.

During labor, the office of a physician is mainly that of a counselor. His examinations should be for the most part by external palpation. When the fetal head does not engage as promptly as it should, walking about or up and down stairs will often facilitate matters and obviate the use of forceps. When the pelvic diameters are rather small, resort to the Walcher posture—thighs hanging down over the edge of the bed—is sometimes successful. When maternal dystocia is due to primary uterine inertia, full doses of quinine are certainly of service. On the other hand, if the os uteri is in a state of spasmotic contraction, resisting normal labor pains, chloral and chloroform are our most efficient allies. While the use of instruments merely to gain time, is to be condemned, one should not wait to use them until the soft parts of the mother are macerated, the life of the child endangered or the uterus utterly worn out and ready to gush forth a perilous hemorrhage as soon as the fetal tampon is removed. Neither should the comparatively safe and simple operation of symphysotomy be forgotten, especially as it may save the life of a child otherwise forfeited.

Perineal tears of slight extent are to be expected in a large proportion of primiparae. They should receive surgical attention within a few hours at least. Prevention of lacerations, as far as possible, is best accomplished

by keeping the bulging head well flexed back until the musculature of this region has had time to dilate, and to deliver one shoulder at a time with special care. The worst tears are observed in precipitate labors in primiparae.

The proper delivery of the placenta is a matter requiring judgment as well as skill. The trained accoucher knows by the feel of the womb the moment when expression should aid the efforts of nature, to be ten or thirty minutes or longer after the end of the second stage.

Following the birth of the after-birth, it is well to keep the womb well retracted by gentle rubbing and downward pressure for at least a half hour. This prevents post-partum hemorrhage and after pains, and greatly lessens the likelihood of metritis, subinvolution and prolapsus uteri.

After a confinement there are, generally speaking, two main instructions to give the nurse. To keep the mother clean and the baby warm.—*Medical Times.*

Inheritance of Acquired Tendencies.

Very much study has been given to the subject of the inheritance of the peculiarities of the ancestors. It has been accepted now as a working axiom, says the Canadian *Practitioner and Review*, that there are many characteristics of the ancestors that may skip a generation, or more, and then reappear. These characteristics are fixed in the germ-plasm of the species, and, though they may not always appear, they are

always potentially present. It is in this way that unexpected peculiarities, or powers, may be found in a person, no trace of such being noted in the near ancestry. These are spoken of as latent powers, or features, and account for instances of atavism, or reversion. The crossing of races tends strongly to bring out these latent ancestral characteristics.

But when one passes to the consideration of acquired characteristics, the ground is not so secure. Many have argued with great energy that acquired characteristics can be transmitted. This has again been as strongly denied. If acquired characteristics cannot be transmitted, then nothing that was not in the first germ-plasm can be passed on from one generation to another. Something less may be, but nothing more can be. By this view the first germ-plasm must have been endowed with every potentiality that any member of the race has yet manifested, or may ever in the future manifest. But there are great difficulties in the way of this theory. Take, for example, the variations due to environment, as in the color of different races. Here the peculiarity appears to have become perfectly fixed and the germ-plasm of the race has been so modified by the somatoplasm that the color has become a certain feature in the heredity of the race. If acquired characteristics cannot be transmitted, then every possibility of color, genius, disposition and activities must have been provided for in the first germ-plasm. But it is known and admitted that as a given race advances in civilization, the chil-

dren are born with greater capacities and mature with larger brains and more comprehensive powers than their remote ancestors.

When one turns to the study of disease, some of the strongest arguments are found for the view that acquired characteristics are inherited. If Weismann is correct, that the somatoplasm does not affect the germ-plasm, and that every potentiality is found in the germ-plasm, how can the inheritance of acquired disease and disease tendencies be explained? It is well recognized in pathology that a certain mode of life produces gout. Several generations of this mode of life fixes the gouty diathesis very firmly in the family history. It becomes then a question of great difficulty to eliminate this gouty tendency, and even though a member of such a family lives in a most appropriate manner, he may not escape. He then has an acquired condition, and one that in the first place acted upon the somatoplasm, has modified the germ-plasm so as to make the diathesis hereditary, even though efforts are made to neutralize this tendency. This line of argument could be pushed much further. All in all, it would appear the acquired characteristics may become hereditary, and this is the view of many eminent scientists.

Tobacco as a Factor in Glycosuria.

H. Stern, New York, has observed that the habitual or excessive use of tobacco is not only apt to aggravate an existing glycosuria, but that it also is the causative factor of a glycosuric

condition, though much less frequently. Tobacco may protract the duration of transitory glycosuria and may impart to alimentary mellituria a certain degree of chronicity. It may increase the quantity of dextrose in the twenty-four hours' urine, in the transitory as well as in the chronic forms of glycosuria. It may transform the lighter degrees of chronic glycosuria in the graver forms. While, as a rule, the lighter cases of chronic glycosuria are not aggravated by moderate use of tobacco, this substance, when excessively employed, may become a potent factor in the transformation of the lighter into the graver forms. A case is cited, which shows that tobacco-nicotism may be the direct cause of the glycosuric symptom. Nicotism may give rise to certain neuroses and psychoses. Glycosuria or diabetes frequently occurs in the train of disorders of the nervous system. Indirectly, therefore, we could feel tempted to consider nicotine poisoning as an eventual precursor of glycosuria. The etiologic relationship of neuroses or psychoses to glycosuria or diabetes is still problematical. The most poisonous matter contained in tobacco smoke, the one whose toxicity in this respect has never been fully appreciated, is carbonic oxide gas. It is an established fact that in chronic CO₂ poisoning, glucose is very often in the urine. The presence of this gas in the fumes of tobacco is always assured. The amount evolved is dependent upon the quality of the tobacco, upon its degree of moisture, its combustibility, the mode of manufacture of the cigar, and upon the

latter's consistency. The neuroses are hardly ever met with in smokers of tobacco, but are almost always the result of excessive chewing of the weed, while glucosuria occurs only in smokers, when due to tobacco, and has not been observed in those who consume tobacco in pipes exclusively, but here much less CO₂ is evolved than in cigar smoke.

The Nutritive Value of Certain Foods.

Speaking roughly, a quart of oysters contains on the average, about the same quantity of actual nutritive substance as a quart of milk, or a pound of very lean beef, or a pound and a half of fresh codfish, or two-thirds of a pound of bread. But while the weight of actual nutriment in the different quantities of food materials named is very nearly the same the quality is widely different. That of the very lean meat or codfish consists mostly of what are called, in chemical language, protein compounds, or "flesh formers"—the substances which make blood, muscle, tendon, bone, brain and other nitrogenous tissues. That of the bread contains but little of these, and consists chiefly of starch, with a little fat and other compounds, which serve the body as fuel, and supply it with heat and muscular power. The nutritive substance of oysters contains considerable amounts of both the flesh-forming and the more especially heat and force-giving ingredients. Oysters come nearer to milk than almost any other common food material as regards both the amounts and the relative proportions of nutrients and their food values, of

equal weights of milk and oysters—*i. e.*, their values for supplying the body with material to build up its parts, repair its wastes, and furnish it with heat and energy would be pretty nearly the same.—*Health.*

Reaction After Bathing.

Reaction must follow cold bathing always (Dr. Baruch) or the purpose of the bath is rendered abortive. We might think that emphasis need not be placed on this point in our day. Consultation of some of the text-books, however, shows what mistaken notions may be conveyed by ill-given directions. Lauder Brunton, the distinguished English therapeutist, in his text-book of therapeutics, edition of 1898, says, that when the patient's temperature reaches a certain point he should be placed in the bath and left there until his temperature comes down. When he is first put in the temperature of the water should be about 65 degrees F. and this may be reduced by additions of colder water or ice to 40 degrees F. It is no wonder that he concludes his directions with the advice to remove the patient from the bath before his temperature becomes quite normal, because it may sink still lower after the patient is put to bed, and symptoms of collapse may ensue. The main purpose of the bathing is neglected if these directions are followed and no friction is employed during the bath. No wonder under such circumstances that the bath should prove an unpopular remedy.—*Dietetic Gazette.*

College, Alumni, Personal

The twenty-second annual commencement of the California Medical College on the evening of May the seventh, was one of the most pleasant affairs in its history. The capacity of Odd Fellows' Hall was none too great for the friends who had assembled to enjoy the very excellent program and to offer their congratulations and good wishes to the graduates. Ten young men were recommended to the President for diplomas, and their receipt was in each case attended by hearty applause. Space will not permit us to speak of each number on the program, but we can say that the efforts of the professional talent proved a credit not only to the artistes but to the committee which had charge of the program. Vocal and instrumental selections served to enliven the ceremonies, and all present enjoyed the reception to the graduates, which concluded the evening's entertainment.

An orchestra of fifteen pieces furnished admirable music for the dancers and all were loud in praise, of the manner in which the entire affair was conducted.

The address to the graduates by the Hon. G. E. Church, of Fresno, was a scholarly and eloquent review of the history of medicine, and the speaker's remarks were often interrupted by the spontaneous applause of the appreciative audience. We will publish the address in the July Journal if nothing prevents, as we believe that its perusal will be appreciated by those who were

so unfortunate as to be absent. To the graduates it will be a souvenir of an eventful evening, the pleasant memories of which will never quite fade.

We were glad to see so many of the alumni present at the commencement exercises; and it was pleasant to hear the many expressions of good will and the promises of a more hearty support in future. The College has made an enviable record in the past twenty-three years, and it devolves upon the alumni to give it their endorsement whenever the opportunity offers. We will have a fine large class next year and still larger ones in '03 and '04. If every alumnus who reads this, would send one student in October we would have more freshmen than the present building would accomodate. The result would be a new college; wouldn't you like to feel that you had helped?

Dr. E. H. Goyer, '93, is now located in Forestville, Sonoma Co.

Dr. C. L. Murray, '90, has removed from Sacramento to Lockford, San Joaquin Co.

Dr. Geo. H. Field, of Cloverdale, was in this city recently, he is the State representative of the Physicians' Guarantee Company, which is an organization for the protection of its members against damage suits. This association has become very popular in the Eastern and Central States, and should receive the attention of California physicians.

Dr. F. P. Mitchell, '85, is now located in Elmhurst. Dr. Mitchell has

been in Redding for many years and has made a most pronounced success.

Dr. F. S. Dobs, '00, departed for Mexico early in May. He will be surgeon to a large mine in the interior and is well qualified by his knowledge of the language and people, to succeed in practice.

Dr. E. H. Byron, '00, has resigned as resident physician of the Maclean Hospital, and will establish offices down town; probably in the Parrott Building.

Dr. M. V. Higgins, '01, is located at Cambria, San Luis Obispo Co.

Special Notices.

An Open Letter.

As Vice-President of the Section on Physiology, Sanitary Science and Hygiene of the National Eclectic Medical Association, I should be pleased to present a paper from any member of our school to the society at our next Annual Meeting, which will be held June 18th to 20th, at Chattanooga, Tenn.

I am preparing to be present at that meeting, and should be glad to know of any others contemplating the trip, as it could be arranged for our mutual benefit.

Fraternally,

M. H. LOGAN.

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CALIFORNIA MEDICAL JOURNAL,
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San Francisco, - - - California*Editorial.***"Dr." Broadaxe a Fakir.**

In a town or village bearing a name something like "Broadaxe" in the State of Louisiana, a man who styles himself Doctor, has lived for the past fifteen years or more. Whether the town was named for the man or the man for the town, we are unable to state, but it is true that the names are identical. However that may be, "Dr." Broadaxe, of Broadaxe, La., has been measuring out his potions to the negroes and "poor whites" in that locality for so long that those who have survived his ministrations have never inquired into his right to be engaged in even a "limited" practice of medicine. The ignorant, easy-going people of this

Southern settlement have at times subjected themselves to his dosings and so he has attained a degree of local repute second only to that of the old grannies of the village and their "yarb teas."

If this fakir, who never attended a course of medical lectures, were content with his local prominence we would surely not begrudge him the meager income which he gains by practising upon the ignorance and credulity of the residents of "Broadaxe," La. We have too many fakirs at home to seek to worry those so far away. But this man, "Dr." Broadaxe, with the presumption born of conceit, is one of the most persistent contributors to the medical press, and has inveigled not a few editors into giving the "articles" space in their journals. He has even expressed himself as willing to contract to furnish a monthly "article" which is promised to be "original and interesting." And certainly his work is original, and certainly it is interesting to those readers who believe everything they see in print. So by these "original and interesting" reports of astonishing results attained by the use of some native herb or proprietary medicine this "Dr." Broadaxe has added quite appreciably to his small earnings in practice, and is always ready (for a consideration) to indorse any new pharmaceutical product in more extravagant language than could the manufacturer himself. We feel that the medical press should be warned against this fakir, and we are surprised that the journals of the South have left

it to us to expose this man, who has posed so long as an investigator along original lines, and who has advocated almost every proprietary article on the market. We hope that this will somewhat depreciate the value of "Broad-axe" testimonials.

Prosecution Under the Law.

It will be noticed that the new medical act makes the usual provision for the prosecution of illegal practitioners, and the "practice of medicine" is clearly defined. The influence of the osteopaths having proven sufficiently strong to insure them freedom from prosecution, perhaps as other fads gain some following there will be amendments adopted for their protection.

It has been well said that "Osteopathy is suggestion plus massage." So long as its practitioners confine themselves to "manipulations" and display becoming modesty no right-minded physician should object.

That the citizen shall be free to choose his attendant is a privilege which none will deny, but physicians who are qualified for practice by study should not be placed in competition with the charlatan or advertiser of sure cures. We have now a law which will enable the societies to prosecute the human vultures that prey upon the ignorant and unfortunate sick. Will the physicians with their wonted disregard for their own interests permit this wholesale evasion of the law to continue? We hope not. We have now what might be termed a "medical

trust," It lies with the reputable medical men of this State to decide if the law shall continue to be a dead letter as in the past. Shall California be advertised to the world as a State in which quackery of the most flagrant sort is fostered, and where educated physicians are required to pass an examination? What will it benefit us to protect ourselves against the poorly qualified graduate while all about us there are men practicing openly and profitably, who never attended a course of medical lectures? A law requiring examination is poor a protection unless we enforce all sections of that law.

There is no man who fails to pass the examination after journeying from the Eastern States but will attempt to remain and establish himself. The whole law must be enforced or the examination clause will simply prove a farce—a tax upon intelligence.

The act provides that after all salaries and expenses of the board shall have been paid, that the balance shall be placed to the credit of the various medical societies according to the representation of each among the applicants examined. Now the board is given power "to employ legal council and to incur such other expenses as may be deemed necessary to carry into effect the provisions of this act" (Sec. 11). We would most humbly offer a suggestion: After organization let the first act of the board be to employ an attorney who will make it his business to accumulate evidence and prosecute all illegal practitioners in this State. In no other way can our new law be made of real benefit.

The medical societies do not need any surplus, and there would be no objection even should there be a small tax imposed upon each member, if there was an assurance that prosecutions would follow. We would like to hear of such action being taken immediately the examining board is organized. Let there be no surplus, but the physicians of California must be convinced that the board is doing its whole duty and that the money is being expended in the protection of those who have aided in the passage of the medical law. The law offers protection to those who comply with the provisions; but the examining board must actively prosecute the illegal practitioners, else the possession of a certificate will be an empty and expensive honor.

The attorney will have no sinecure if the board insists upon the performance of his whole duty.

Medical Societies.

Eclectic Medical Society of the State of California.

As we go press, the annual meeting of the State Society is in progress. The attendance is large and the program particularly interesting.

A full report of the transactions will be given next month, and the most valuable papers will be published in the Journal during the next few issues.

The thirty-second annual session of the eclectic medical society of Mis-

souri, will be held at the City Hall, Springfield, Mo., Tuesday and Wednesday, June 4 and 5, 1901.

Southern California Eclectic Medical Society.

The regular annual meeting of the Southern California Eclectic Medical Society will be held in Los Angeles on Tuesday, June 11; further notice, with program, will be mailed to each eclectic in Southern California.

L. S. PERCE, M. D.,
President.

The management of this Journal has offered prizes for the best papers, and we can promise our readers some good matter from our Southern friends.—
[Editor.]

National Meeting.

The next annual meeting of the National Eclectic Medical Association will be held at Chattanooga, Tenn., June 18, 19 and 20, 1901.

Arrangements have been completed by which the railroads will grant a one and one-third fare for the round trip on the certificate plan. Be sure and get a certificate with the ticket you purchase and this will entitle you to a one-third fare on the return journey. Do not get a receipt, but a *certificate* from the agent when you buy your ticket.

Yours fraternally,

E. LEE STANDLEE, M. D., Pres.

N. A. GRAVES, M. D.,
Corresponding Secretary.

Maclean Hospital.

The Maclean Hospital and Sanatorium needs no introduction to any eclectic practitioner in California. It has been for some time past, and is now, the leading eclectic hospital in the State. Any eclectic physician, or any other reputable practitioner for that matter, can feel absolute confidence in trusting his patients and his professional reputation to this institution. Absolute obedience to orders and loyalty to the attending physician is the first and most inflexible rule of this, as every other hospital of standing.

The location is an ideal one; nothing better can be found within the limits of San Francisco. Within almost one block of the western terminus of Market Street, it is easily and quickly accessible from all parts of the city, and yet, standing as it does almost within the shadow of Twin Peaks it is far enough removed from all the noise and other inevitable annoyances of a down-town hospital. Sheltered from the fog and the ocean breezes it lies within "the warm belt of the Mission," while the pure atmosphere, and the quiet elegance of a gentleman's country residence are advantages not to be overlooked.

A partial change in the management of the institution has recently occurred and a few other changes have been made in the interest of economy and increased efficiency, but the management expects to continue to furnish first class service at third class rates.

The lady who has been placed in

charge as resident superintendent stands second to no other in California in point of ability or experience. Herself a graduate of Charity Hospital, New York, the largest and perhaps the finest institution on this side of the Atlantic; she has been for twenty years connected with the most important hospitals in this country and in Europe, and the management are amply satisfied that she fully understands all the professional etiquette and the discipline of a first class hospital.

The institution is a growing one and it deserves and will receive the support of all eclectics within reach of San Francisco.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

King's American Dispensatory—New edition. Entirely rewritten and enlarged, by Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O. Two volume edition, royal octavo, containing together 2284 pages, including complete Indices. Cloth, \$4.50 per volume, post paid. Sheep, \$5.00 per volume, post paid. The Ohio Valley Company, Publishers, 317-321 Race Street, Cincinnati, O.

The authors are to be congratulated upon their work. It is exhaustive, as is necessary to a standard book of reference, yet it is withal so terse and

pointed in the treatment of those subjects of particular interest to physicians that it is invaluable.

The average middle-aged physician flatters himself that he can get along with a very few books, and so he can provided those he has are of the right sort. The American Dispensatory should be in the library of every physician, and especially every eclectic. It is complete in all that a dispensatory should be. In each case, the common names, botanical sources, description, history, chemistry, action, uses and dosage are given. There are also paragraphs upon the specific indications in such instances as these have been established. The treatise on *echinacia augustiflora* is especially valuable. But it would be folly to attempt a criticism of each feature. It is good all through and more. It is the best, because it is decidedly modern, broader and more complete than the earlier editions.

We would like to influence every reader of this Journal to purchase King's Dispensatory at once. It is worth a dozen works on *materia medica*, and is magnificently bound and illustrated. We believe that practitioners of the old school will find that this work is superior to the National and United States Dispensatories, inasmuch as the information given is according to modern beliefs.

We will send both volumes and the Journal for one year for \$9.00, which is regular price of book alone.

Transactions of the Ohio State Eclectic Medical Association, for the year 1900.

In this book of over two hundred

pages will be found the proceedings of the thirty-sixth annual meeting of the association with all papers and reports read at that time.

The typography and binding is somewhat superior to that usually found in such reports and each section is well represented by good original, scholarly papers.

Dr. J. K. Scudder is president of the association for 1901, and the place of next meeting is Put-in-Bay.

Principles of Surgery.—By N. Senn, M. D., Ph. D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly Revised, with 230 Wood-engravings, Half-tones, and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50, Net; Sheep or Half-russia, \$5.50, Net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This is the third revised edition of Prof. Senn's earlier work and is enlarged and made complete by the addition of two new chapters and many original illustrations.

Probably no modern surgeon is better fitted to give the profession a work on the Principles of Surgery; certainly no book has appeared which approaches this one, either as to arrangement, thoroughness or scholarship.

Particular attention is directed to bacteriology and pathological anatomy and the chapter dealing with the various forms of tuberculosis are especially fine.

This is not a work on operative surgery; but the student who masters these principles will have the proper foundation for future operative work. No man should presume to be styled a surgeon unless he knows clearly the reasons why he does or does not do certain things. We commend this excellent work to all students of surgery, and by this we mean graduate students as well.

The Hospitals of Japan.

Probably no article has been so widely copied by medical journals during the past year, for the reason that it was worth copying. The Charlotte Medical Journal is to be congratulated upon having the honor of its first publication.

The author, Dr. E. C. Register, of Charlotte, N. C., has just sent us the article in the form of a booklet, and since we thought the report worthy of publication in the February number, we believe any further comment would be superfluous. The February issue of the Journal is exhausted so don't ask us for a copy, write to the author if you want to know about Japanese hospitals.

Publisher's Notes.

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We wish to direct the attention of our readers to the new "Ad," in this

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Laxation in Constipation.

The successful treatment of constipation does not consist in simply momentarily relieving the overloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarkin, etc., but of all the recent preparations which have come to my notice I have found the laxative anti-kamnina and quinine tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.—*J. A. Rene, M. D., West Superior, Wis., in Chicago Medical Times.*

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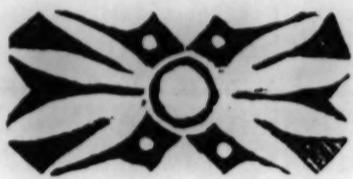
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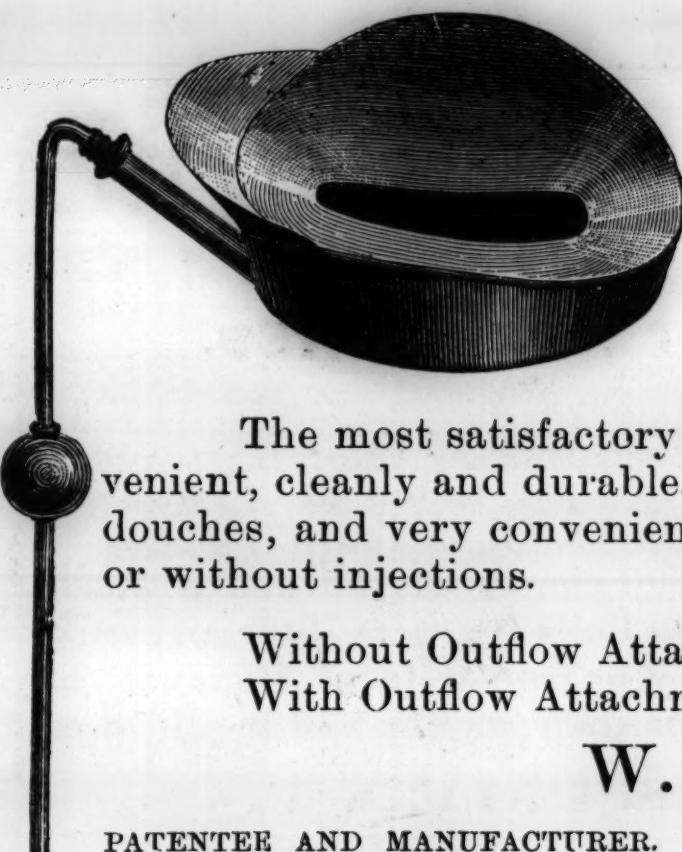
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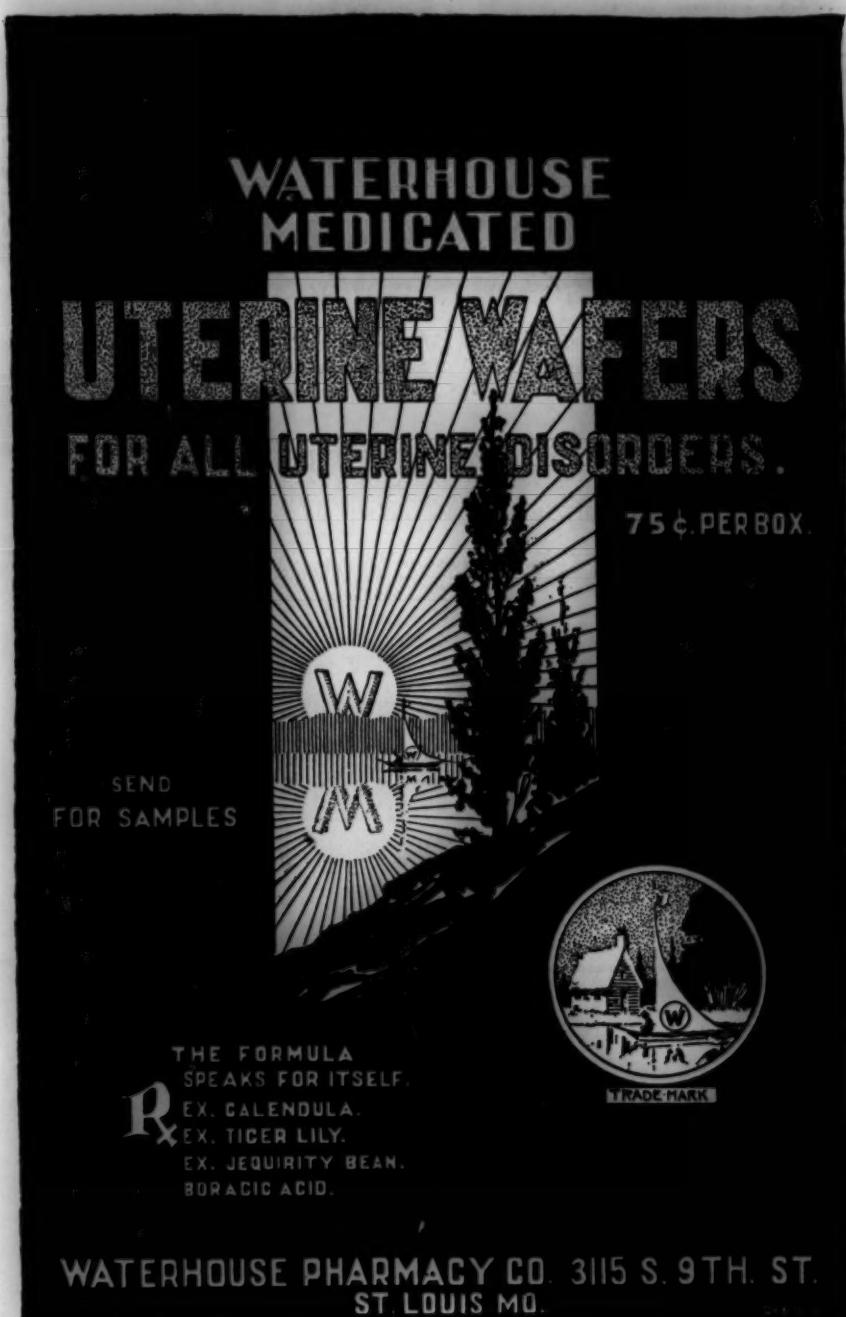
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References: Mining and Engineering Review, 429 Montgomery Street, Crocker, Woolworth Nat. Bank, S. F. Bradstreet's "Bonds and Mortgages," of Chicago.

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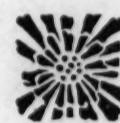
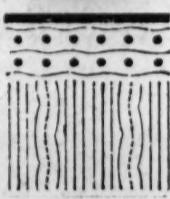
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